

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 389

Township Kaw

Primary Registration District No. 2007

City Kansas City

(No. 813 Glenairy Place)

File No. 1769

Registered No. 4004

St. _____ Ward _____

2. FULL NAME Alexander Campbell

(a) Residence, No. 813 Glenairy Place St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-13-1855</u>					
7. AGE		YEARS <u>77</u>	MONTHS <u>4</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>					
MOTHER FATHER	13. NAME <u>Don't Know</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>				
	15. MAIDEN NAME <u>Don't Know</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>				
17. INFORMANT <u>Dr. Dayton D. Campbell</u> (ADDRESS) <u>420 Huntington Road K. C. Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>2/1/33</u>					
19. UNDERTAKER <u>Freeman Mortuary</u> (ADDRESS) <u>Kansas City, Mo</u>					
20. FILED <u>Jan 31 1933 M. M. Kerwin</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 '33

22. I HEREBY CERTIFY That I attended deceased from February 1932 to January 30, 1933

I last saw him alive on January 30, 1933 Death is said to have occurred on the days stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset _____

Other contributory causes of importance 94a

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) G. Miller
(Address) 717 Shook Bldg K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

